

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

2007

Open to Public
Inspection

A For the 2007 calendar year, or tax year beginning

, and ending

B Check if applicable

☐ Address change☐ Name change☐ Initial return☐ Termination☐ Amended return☐ Application pendingPlease
use IRS
label or
print or
type.
See
Specific
Instruc-
tions.

C Name of organization

Alabama State Employee Association

Number and street (or P O box if mail is not delivered to street address) Room/suite

110 North Jackson Street

City or town

State or country

ZIP + 4

Montgomery

AL

36104

D Employer identification number

63-0256542

E Telephone number

(334) 834-6965

F Accounting method: ☐ Cash ☒ Accrual☐ Other (specify) ▶Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable
trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? ☐ Yes ☐ No

(If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization
covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number ▶

G Website: ▶ www.asea.org

J Organization type (check only one) ☒ 501(c) (5) (insert no) ☐ 4947(a)(1) or ☐ 527K Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross
receipts are normally not more than \$25 000. A return is not required, but if the organization chooses
to file a return, be sure to file a complete return.M Check ☒ if the organization is not required
to attach Sch B (Form 990, 990-EZ, or 990-PF)

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶

3,106,609

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

1 Contributions, gifts, grants, and similar amounts received.

a Contributions to donor advised funds.

1a 0

b Direct public support (not included on line 1a).

1b 0

c Indirect public support (not included on line 1a).

1c 0

d Government contributions (grants) (not included on line 1a).

1d 0

e Total (add lines 1a through 1d) (cash \$ 0 noncash \$ 0)

1e 0

2 Program service revenue including government fees and contracts (from Part VII, line 93)

2 0

3 Membership dues and assessments

3 1,753,294

4 Interest on savings and temporary cash investments

4 17,607

5 Dividends and interest from securities

5 0

6a Gross rents

6a

b Less rental expenses

6b

c Net rental income or (loss). Subtract line 6b from line 6a

6c 0

7 Other investment income (describe ▶)

7 0

8a Gross amount from sales of assets other
than inventory

(A) Securities (B) Other

0 8a 0

b Less: cost or other basis and sales expenses

0 8b 0

c Gain or (loss) (attach schedule)

0 8c 0

d Net gain or (loss). Combine line 8c, columns (A) and (B)

8d 0

9 Special events and activities (attach schedule). If any amount is from gaming, check here ☐a Gross revenue (not including \$ 0 of
contributions reported on line 1b)

9a 0

b Less direct expenses other than fundraising expenses

9b 0

c Net income or (loss) from special events. Subtract line 9b from line 9a

9c 0

10a Gross sales of inventory, less returns and allowances

10a 0

b Less: cost of goods sold

10b 0

c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a

10c 0

11 Other revenue (from Part VII, line 103)

11 1,335,708

12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11

12 3,106,609

13 Program services (from line 44, column (B))

13 2,374,852

14 Management and general (from line 44, column (C))

14 687,400

15 Fundraising (from line 44, column (D))

15 0

16 Payments to affiliates (attach schedule)

16 0

17 Total expenses. Add lines 13, 14, 15, and 16

17 3,062,252

18 Excess or (deficit) for the year. Subtract line 17 from line 12

18 44,357

19 Net assets or fund balances at beginning of year (from line 73, column (A))

19 784,307

20 Other changes in net assets or fund balances (attach explanation)

20 0

21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20

21 828,664

SCANNED JUL 03 2008

Revenue

Expenses

Net Assets

RECEIVED
MAY 7 2008

Pg 1

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 a	Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	22a 0	0		
22 b	Other grants and allocations (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	22b 0	0		
23	Specific assistance to individuals (attach schedule)	23 0	0		
24	Benefits paid to or for members (attach schedule)	24 0	0		
25 a	Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a 198,704	99,352	99,352	0
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b 1,006,681	636,915	371,766	0
c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c 0	0	0	0
26	Salaries and wages of employees not included on lines 25a, b, and c	26 0			
27	Pension plan contributions not included on lines 25a, b, and c	27 0			
28	Employee benefits not included on lines 25a - 27	28 342,282	208,792	133,490	
29	Payroll taxes	29 96,928	96,928		
30	Professional fundraising fees	30 0			
31	Accounting fees	31 15,341	15,341		
32	Legal fees	32 73,969	73,969		
33	Supplies	33 64,248		64,248	
34	Telephone	34 64,595	64,595		
35	Postage and shipping	35 35,257	35,257		
36	Occupancy	36 0			
37	Equipment rental and maintenance	37 12,250	12,250		
38	Printing and publications	38 179,537	179,537		
39	Travel	39 148,546	148,546		
40	Conferences, conventions, and meetings	40 86,053	86,053		
41	Interest	41 0			
42	Depreciation, depletion, etc. (attach schedule)	42 34,084	34,084	0	0
43	Other expenses not covered above (itemize):				
a	See attached statement	43a 701,777	683,233	18,544	0
b		43b 0	0	0	0
c		43c 0	0	0	0
d		43d 0	0	0	0
e		43e 0	0	0	0
f		43f 0	0	0	0
g		43g 0	0	0	0
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 3,062,252	2,374,852	687,400	0

Joint Costs. Check ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

☐ Yes ☒ NoIf "Yes," enter (i) the aggregate amount of these joint costs \$ 0, (ii) the amount allocated to Program services \$, (iii) the amount allocated to Management and general \$, and (iv) the amount allocated to Fundraising \$

Part IV Balance Sheets (See the instructions)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
Assets	45 Cash—non-interest-bearing	467,799	45	504,674
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	47a 114,783		
	b Less: allowance for doubtful accounts	47b 70,168	75,632	47c 44,615
	48 a Pledges receivable	48a 0		
	b Less: allowance for doubtful accounts	48b 0	0	48c 0
	49 Grants receivable		49	
	50 a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		0	50a 0
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			50b
	51 a Other notes and loans receivable (attach schedule)	51a 0		
	b Less: allowance for doubtful accounts	51b 0	0	51c 0
	52 Inventories for sale or use		3,832	52 4,319
	53 Prepaid expenses and deferred charges		34,964	53 53,502
	54 a Investments—publicly-traded securities. <input type="checkbox"/> Cost <input type="checkbox"/> FMV		0	54a 0
	b Investments—other securities (attach schedule). <input type="checkbox"/> Cost <input type="checkbox"/> FMV		0	54b 0
55 a Investments—land, buildings, and equipment: basis	55a 0			
b Less: accumulated depreciation (attach schedule)	55b 0	0	55c 0	
56 Investments—other (attach schedule)		0	56 0	
57 a Land, buildings, and equipment: basis	57a 1,024,519			
b Less: accumulated depreciation (attach schedule)	57b 652,686	349,165	57c 371,833	
58 Other assets, including program-related investments (describe <input type="checkbox"/> See attached statement)		73,950	58 48,560	
59 Total assets (must equal line 74). Add lines 45 through 58		1,005,342	59 1,027,503	
Liabilities	60 Accounts payable and accrued expenses		213,508	60 187,873
	61 Grants payable			61
	62 Deferred revenue			62
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		0	63 0
	64 a Tax-exempt bond liabilities (attach schedule)		0	64a 0
	b Mortgages and other notes payable (attach schedule)		0	64b 0
	65 Other liabilities (describe <input type="checkbox"/> See attached statement)		7,527	65 10,966
	66 Total liabilities. Add lines 60 through 65		221,035	66 198,839
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted		784,307	67 828,664
	68 Temporarily restricted			68
	69 Permanently restricted			69
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds			70
	71 Paid-in or capital surplus, or land, building, and equipment fund			71
	72 Retained earnings, endowment, accumulated income, or other funds			72
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)		784,307	73 828,664
74 Total liabilities and net assets/fund balances. Add lines 66 and 73.		1,005,342	74 1,027,503	

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	3,106,609
b	Amounts included on line a but not on Part I, line 12		
1	Net unrealized gains on investments	b1	
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify):	b4	0
	Add lines b1 through b4	b	0
c	Subtract line b from line a	c	3,106,609
d	Amounts included on Part I, line 12, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):	d2	0
	Add lines d1 and d2	d	0
e	Total revenue (Part I, line 12). Add lines c and d	e	3,106,609

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements	a	3,062,252
b	Amounts included on line a but not on Part I, line 17:		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify):	b4	0
	Add lines b1 through b4	b	0
c	Subtract line b from line a	c	3,062,252
d	Amounts included on Part I, line 17, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):	d2	0
	Add lines d1 and d2	d	0
e	Total expenses (Part I, line 17). Add lines c and d	e	3,062,252

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address			(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name See Attached	Str		Title			
City	ST	ZIP	Hr/WK	0	0	0
Name N/A	Str		Title			
City	ST	ZIP	Hr/WK			
Name N/A	Str		Title			
City	ST	ZIP	Hr/WK			
Name N/A	Str		Title			
City	ST	ZIP	Hr/WK			
Name N/A	Str		Title			
City	ST	ZIP	Hr/WK			
Name N/A	Str		Title			
City	ST	ZIP	Hr/WK			
Name N/A	Str		Title			
City	ST	ZIP	Hr/WK			
Name N/A	Str		Title			
City	ST	ZIP	Hr/WK			
Name N/A	Str		Title			
City	ST	ZIP	Hr/WK			

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Yes No

75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings. 26**b** Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)

75b

X

c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization."

75c

X

If "Yes," attach a statement that includes the information described in the instructions.

d Does the organization have a written conflict of interest policy?

75d

X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name N/A Str City ST ZIP				
Name N/A Str City ST ZIP				
Name N/A Str City ST ZIP				
Name N/A Str City ST ZIP				
Name N/A Str City ST ZIP				
Name N/A Str City ST ZIP				
Name N/A Str City ST ZIP				
Name N/A Str City ST ZIP				
Name N/A Str City ST ZIP				
Name N/A Str City ST ZIP				
Name N/A Str City ST ZIP				

Part VI Other Information (See the instructions)

Yes No

76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change

76

X

77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.

77

X

78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?

78a

X

b If "Yes," has it filed a tax return on Form 990-T for this year?

78b

X

79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement

79

X

80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?

80a

X

b If "Yes," enter the name of the organizationand check whether it is ☐ exempt or ☐ nonexempt**81 a** Enter direct and indirect political expenditures (See line 81 instructions.)

81a

b Did the organization file Form 1120-POL for this year?

81b

X

Part VI Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	X	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	N/A	
c	Dues, assessments, and similar amounts from members	85c N/A	
d	Section 162(e) lobbying and political expenditures	85d N/A	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e N/A	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f N/A	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h N/A	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a N/A	
b	Gross receipts, included on line 12, for public use of club facilities	86b N/A	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a N/A	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b N/A	
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a X	
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911 ; section 4912 ; section 4955		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	N/A	
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization	N/A	
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90 a	List the states with which a copy of this return is filed	NONE	
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions)	90b	22
91 a	The books are in care of Name Lisa Smoke Telephone no. (334) 834-6965 Located at 110 N Jackson St City Montgomery ST AL ZIP + 4 36104		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X

Part VI Other Information (continued)Yes ☐ No ☒c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c ☐

If "Yes," enter the name of the foreign country ▶

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here ☐

and enter the amount of tax-exempt interest received or accrued during the tax year . ▶ 92 N/A

Part VII Analysis of Income-Producing Activities (See the instructions)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments			01		1,753,294
95 Interest on savings and temporary cash investments			14	17,607	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a Ad Sales	541800	24,306			
b Convention Registration			07	32,594	
c Advertising Fees	541800	12,000			
d Miscellaneous Income			01		10,808
e PEBCO Endorsement Fee	524290	1,256,000			
104 Subtotal (add columns (B), (D), and (E))		1,292,306		50,201	1,764,102
105 Total (add line 104, columns (B), (D), and (E))					3,106,609

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
94/103D	Provides Association with ability to provide a wide range of services to the employees of the State of Alabama, including educational and insurance benefits.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
Public Employees Benefit Corporation / 63-1272444	100.00%	Provides benefits to	0	0
110 North Jackson Street	%	state employees	0	0
Montgomery, AL 36104	%		0	0
	%		0	0

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Part XI**Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				0

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				0

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

**Please
Sign
Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer

Date

Type or print name and title

**Paid
Preparer's
Use Only**

Preparer's
signature

Date

Check if
self-
employed

Preparer's SSN or PTIN (See Gen. Inst. X)

Firm's name (or yours
if self-employed),
address, and ZIP + 4

Richard, Harris, Ingram and Bozeman, P.C.

EIN

63-1019880

7029 Halcyon Park Drive, Montgomery, AL 36117

Phone no

334-277-8135

Alabama State Employess Association
Part 5 Page 5

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid enter -0-)	(D) Contributions to employee benefit plans & deferred comp	(E) expense acct and other allow
E.J. Mc Arthur 110 N. Jackson St. Montgomery, AL 36104	Executive Director 40	226,004	0	0
Randy Hebson 482 South Sanders Road Birmingham, AL 35226	President 5	0	0	0
Dianna McLain 105 13th Avenue, NW Birmingham, AL 35215	Secretary 1	0	0	0
Ulysses Lavender 2630 18th Street Tucaloosa, AL 35401-4408	Vice President 1	0	0	0
Steve Walkley 6418 Applewood Court Montgomery, AL 36117	Treasurer 2	0	0	0
Wanda Peppers 73 McClung Ave Phil Campbell, AL 35581	Board Member <1	0	0	0
Rosemary Lang 273 Rabbit Run Road Rainsville, AL 35986	Board Member <1	0	0	0
James P. Luncford 646 Howell Street Florence, AL 35630	Board Member <1	0	0	0
JoAnne Brown 15932 Cedar Cove Loop Cottondale, AL 35453	Board Member <1	0	0	0
Troy Lewis 5719 21st Avenue Tuscaloosa, AL 35405	Board Member <1	0	0	0
Louise Liveoak 55 Smith Rd. Jemison, AL 35085-9503	Board Member <1	0	0	0

Jimmy Patrick P. O. Box 417 Harpersville, AL 35078	Board Member <1	0	0	0
Robert S. Miller P.O. Box 1265 Ashland, AL 36251	Board Member <1	0	0	0
Mary Bowens P.O. Box 0067 Troy, AL 36081	Board Member <1	0	0	0
Diane Williams 2671 Watson Rd. Emelle, AL 35459	Board Member <1	0	0	0
Larry Sanders 6709 Woolrich Drive N. Andalusia, AL 36618	Board Member <1	0	0	0
Patricia Lee Mobile, AL 36619-9004	Board Member <1	0	0	0
James Brewer 407 Thornton Place Mobile, AL 36609	Board Member <1	0	0	0
Tom Sanford Montgomery, AL 36108	Board Member <1	0	0	0
Alice Thornton 424 Easy Street Wetumpka, AL 36092	Board Member <1	0	0	0
Deborah Holifield 260 Grier Rd Wetumpka, AL 36092	Board Member <1	0	0	0
Vernetta Patrick P.O. Box 210882 Montgomery, AL 36121-0882	Board Member <1	0	0	0
Donna Mulcahy 3324 Wiley Rd Montgomery, AL 36106	Board Member <1	0	0	0
Cherryl Criswell 365 West Pleasant Grove Rd. Montgomery, AL 36105-6204	Board Member <1	0	0	0
Robert Wagstaff P.O. Box 5103	Board Member <1	0	0	0

Montgomery, AL 36103

Paige Hebson
482 South Sanders Road
Hoover, AL 35226

Board Member
<1

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Alabama State Employees Association**Federal ID # 63-0256542****2007****Form 990 Part II Line 43**

	Total	Program	Management
Insurance	96,592	96,592	
Legislative	90,373	90,373	
Membership expenses	149,782	149,782	
Computer expenses	36,381	36,381	
Advertising/promotional expenses	102,702	102,702	
Miscellaneous	99,749	98,942	807
Taxes and licenses	17,737	-	17,737
Consulting expense	6,948	6,948	
Rebate expense	85,931	85,931	
Utilities	15,582	15,582	
	701,777	683,233	18,544

Form 990 Part V- A

Name	Organization Name	EIN	Compensation	Contributions to Employee Benefits plans	Expense and other allowances
E J McArthur	Public Employees Benefits Corp	63-1272444	90,543		14,000